

STATE OF OKLAHOMA
OKLAHOMA STATE DEPARTMENT OF HEALTH
ADMINISTRATIVE LAW COURT

_____))
Petitioner,))
v.))
_____))
Respondent.))

SUBPOENA

___ To Appear ___ To Produce (Check one or both)

Case No. _____

To: _____
Name of witness being served

Street address of witness being served

City, State, Zip Code of witness being served

From: _____
Party requesting subpoena, OBA # (if applicable)

Address of party requesting subpoena

City, State, Zip Code of party requesting subpoena

Phone number of party requesting subpoena

YOU ARE HEREBY COMMANDED TO: (Check all applicable)

- _____ Appear and testify in the above-captioned case at the place, date and time shown below; and/or,
- _____ You are required to bring with you the books papers or documents listed in the **Affidavit of Party Requesting Subpoena which must be attached;** or,
- _____ Produce or permit inspection and copying of the following items, at the place, date and time shown below: _____

Date: _____, 20__ **Time:** __:__ .m. **Location:** _____

HEREIN FAIL NOT (75 O.S. §315)

ISSUED UNDER AUTHORITY OF:

SEAL OF COURT

ADMINISTRATIVE LAW COURT/CLERK
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: 405-271-6017; Fax: 405-271-1268

Date of Issue: _____

READ CAREFULLY!

COSTS ARE PAID BY THE PARTY REQUESTING THE SUBPOENA unless subpoenaed by the State of Oklahoma whereas you may not demand either witness fees or mileage in advance or as a condition to your appearance but you may apply for fees and mileage at the conclusion of your testimony (12 O.S. §400; 12 O.S. §2004.1(B)(2); OAC 310:2-21-12).

Return the original subpoena to the Administrative Law Court. A copy must be given to the person being served and to all parties in the case. If used as a subpoena duces tecum, attach the verification on page 3.

PROOF OF SERVICE

Served on (print name) _____ on (date)_____.

I declare under oath that, I am an adult and not a party to this case and that, I served this Subpoena to the witness named above,

Check one:

- By handing it to the person identified to me as the witness;
- By certified mail, return receipt requested, restricted delivery, addressee only; or
- By delivering a copy to an agent authorized by appointment or by law to receive service papers.
- I was unable to locate ____ serve ____ the witness.

I am a:

- ____ Licensed process server
- ____ Sheriff or deputy sheriff
- ____ Party to the proceedings
- ____ Attorney for a party
- ____ Appointed person

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the State of Oklahoma that the foregoing information contained in the Proof of Service is true and correct.

Executed on: _____

Signature of Server

Address of Server

Telephone Number of Server

Title of Server

Delivery of service shall be performed only by persons over 18 years of age. Proof of service, whether made by delivery or mail, shall be made by the certificate of an attorney of record, or if made by any other person, by the affidavit of such person. Such certificate or affidavit shall set forth the name of the person served and the date, place and method of service, and it shall be filed with the Clerk of the Office of Administrative Hearings.

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public

My commission expires:

Statement of Party Requesting Subpoena Duces Tecum

(You must fill out this section completely in order for a subpoena duces tecum to be issued.)

(Name): _____ has in his/her/it's possession or under his/her/it's control the following records: (Specify and name the exact records to be produced—attach a separate sheet if necessary).

Pursuant to 12 O.S. §426, I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

(Dare and Place)

(Signature)

► This form must be attached to a completed Subpoena if you wish to require the production of documents for inspection or hearing. ◀